

Caring for Survivors of Sexual Trauma*

Pain and Anxiety
Management through Survivor-Centered Care

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Objectives:

1. Recognize the high prevalence of sexual and other types of trauma in all patients, prompting “universal precautions” around survivor-centered care.
2. Identify ways in which healthcare care settings can activate pain and anxiety.
3. Interpret patient behaviors that annoy us and provoke our judgment as normal physiological and social-emotional signs of trauma.
4. Examen specific language and procedural techniques to reduce unnecessary stimuli and give control to the patient, helping them feel safe, **thereby improving outcomes.**



Activation Warning

- During this activity we will talk in detail about childhood sexual abuse and rape, which may activate intense emotional responses.



A Rite of Passage?

- 1 in 5 girls will be sexually abused by an adult by age 12
- 1 in 4 teenage girls and women have survived a rape or attempted rape.
- 1 in 6 males will experience sexual abuse or assault in their lifetime
- 44% of women in primary care settings have at least one lifetime experience of sexual abuse or rape.



Common Red Flags

- Current or past IV drug use.
- Obesity.
- Lack of appropriate gyn care.
- Frequent somatic complaints.
- Early diagnosis of PTSD, bipolar, depression, anxiety.
- “Difficult” or “High-maintenance” patient who complains of pain and fear.

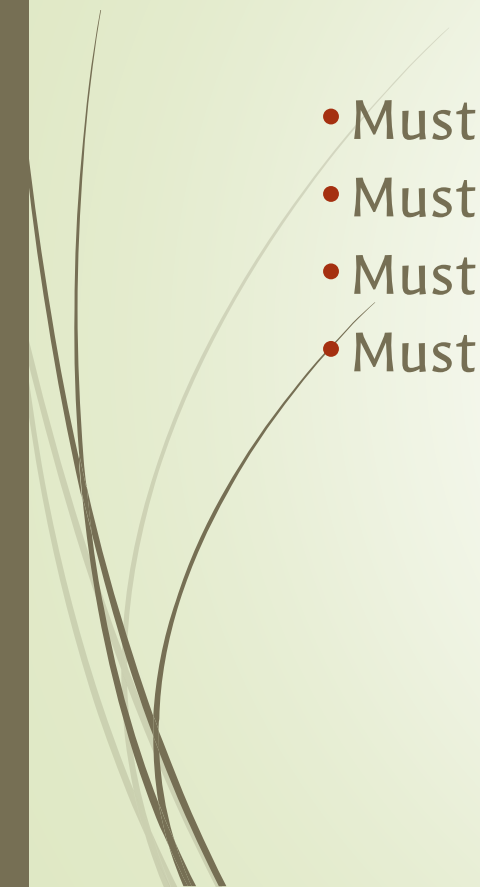


Risk Factors

- Everyone is at risk, but...
- Other adverse childhood events.
 - Parental addiction or mental illness
 - Death or incarceration of a parent
 - Violence in the home
 - Participation in foster care or correctional facilities.
- Time spent in combat zone or refugee camps.
- Girls and women with disabilities.
- Gay and trans children, teens and adults



What Constitutes “Trauma?”


- Must it be penetrative?
 - Must it hurt?
 - Must we call it “rape” or “abuse?”
 - Must it be perpetrated by a person?
- 



The Spectrum of Sexual Trauma

• Torture ←-----→ Misogyny and Shaming






Other good reasons to be afraid of the doctor:

1. Racial or ethnic minority
2. LGBTQI
3. Using/used drugs
4. Having a disability
5. Having a bigger body



Emotional Activators

- Shame
 - Fear
 - Powerlessness
- 



Physical Activators

External or Internal

- Supine positioning with doctor leaning in close.
- Pain or other sensation on certain body parts (mouth, neck, breasts, genitals, perineum, etc...)
- Effects of anesthesia
- Shallow breathing or breath holding
- Muscle tension
- Tachycardia/tachypnea



Shame

- While guilt is “I did a bad thing,” shame is “I am a bad person.”
- It exists on a very basic level in most survivors of sexual trauma.
- It increases often with illness, pain, or any other instance of increased vulnerability.



Anxiety and Fear

- She isn't "a hard patient", her experiences have been hard.
- Having difficulty with gynecological exams is a normal reaction to those experiences.
- Our bodies have memory.



Power and Control

- The motivation behind rape is removal of power and control, it's not about sex.
- Sex is the weapon chosen to inflict pain, violence and humiliation.
- A medical visit should not create more pain, violence and humiliation.



Set them up to be in control

- It starts when you are ready to start
- Ask for a break when you need one
- Tell us when something bothers you, we want to know.



The Control Continuum

- ◆ Knock and pause before entering.
- ◆ Ask what questions they have, rather than *if* they have any questions.
- ◆ Ask to listen to heart and lungs before touching.
- ◆ Ask if they wouldn't mind undressing.
- ◆ Ask if they are ready to get started before pulling up the drape.



The Feedback Loop

- The catch is that you have to make good on your word.



Other tips:

- Decrease any unnecessary stimuli.
- Avoiding other activators:
 - “Relax”
 - “Trust me”
 - “Sweetie, honey, darling, etc...”
- Touch in certain places:

No surprises



FIG.1 The doctor placing her hands on the patient's lower legs so that the patient knows where she is and understands that she is about to get started.



Bonus points after an exam or procedure:

“That went very smoothly.”

“Your body appears to be very healthy and strong, and I think your recovery will go very smoothly, as well.”



Thank you to my teachers:

- Marissa
 - Universal Precautions
- Destiny
 - Be creative
- Yvette
 - Sometimes nothing works

References:

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Further reading:

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- Sexual Abuse in Childhood and Dental Fear, An interview with Dr. Carmen Santos <http://www.dentalfear.com/santos.asp#santos>
- *Hunger*, by Roxane Gay
- *The Survivor's Guide to Sex*, by Staci Haines
- *Trauma Stewardship*, by Laura van Dernoot Lipsky



Thank you!

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